



Robert E. Bush
Naval Hospital

Did you know?...

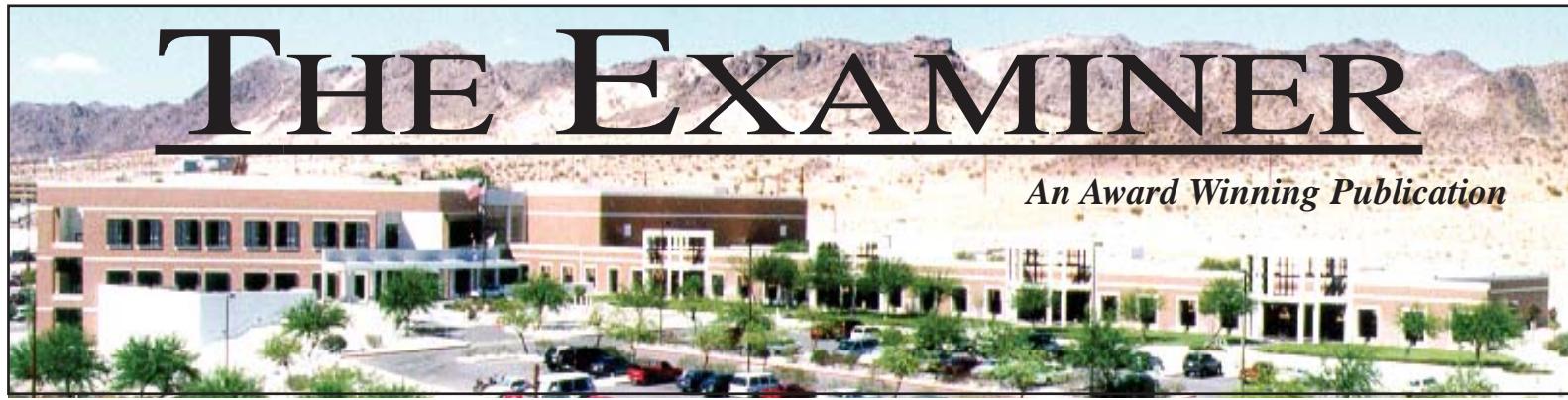
You have the right to express your concerns about patient safety and quality of care. There are several avenues open to you:

- * Through the ICE website.
- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics, or directly to the Joint Commission via: E-mail at complaint@jointcommission.org Fax: 630-792-5636

The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

To report Fraud, Waste and Abuse contact one of the below offices by calling:

Naval Hospital: 760-830-2764
Combat Center: 760-830-7749
NavMedWest: 1-877-479-3832
Medical IG: 1-800-637-6175
DoD IG: 1-800-424-9098



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Naval Hospital Operating Room 'Goes Green'

Last month, the Operating Room (OR) at Robert E. Bush Naval Hospital in Twentynine Palms, Calif., began a new environmentally friendly program in their quest for efficiency.

Typically a single surgical case generates a considerable amount of waste because most of the items used for a procedure are

disposable.

All items needed for a particular case are put together by a Custom Pack manufacturer such as Cardinal Health in what are referred to as Custom Surgical Packs.

In order to reduce the waste from the contents of the disposable packs, reusable surgical items are being used to replace many of the items found in

1st Baby of 2012 at Naval Hospital...



The first baby of the year born at the Robert E. Bush Naval Hospital finally arrived at 8:51 a.m., Jan 2. Nathaniel Elias Limones is the first child for Sergeant Roberto Limones, Jr. and his wife Maricela Limones who both hail from San Diego, Calif. Roberto is assigned to Third Battalion, Fourth Marines here at the Combat Center. Nathaniel weighed in at a healthy 8 pounds and measured 20 inches in length.



A scene from the Operating Room at the Robert E. Bush Naval Hospital shows the latest innovations being used, like reusable gowns and drapes and LED lighting to lessen the environmental impact while at the same time providing the best possible care to patients in a sterile and safe environment.

these packs.

In view of this, a coordinated effort to substitute as many reusable products as possible for disposable items was initiated

by Lt. Cmdr. Brian Parton in March of 2010, and finally implemented last month.

With the help of the Materials

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Patients seen in December -- 10,399 Appointment No Shows in December -- 649

Wow, in December we dropped down to 5.9 percent of patient no shows for appointments. We can continue this downward trend by keeping the appointments we make, or cancel in enough time for someone else to use the slot... This no show percentage dropped almost a full percentage point since the last report!

To make an appointment call -- 760-830-2752
To cancel an appointment call -- 760-830-2369

Why do women need to be screened for cervical cancer?

By Martha Hunt, MA
Health Promotion and Wellness
Robert E. Bush Naval Hospital

There are two reasons why women need to be screened for cervical cancer.

First and foremost, you should be screened for cervical cancer for your health. Like all cancers, the earlier you catch them the easier they are to treat and the greater your chance of survival.

Secondly, because your Naval Hospital's funding is partly based on patient compliance to routine annual screenings -- if you aren't using the services here for annual health screenings, Navy Medicine gives the funds to other hospitals.

Remember, there is no free lunch -- the more you use the services here for routine screening visits, the more funding we receive from Navy Medicine and the more services the hospital can offer to the community as a whole. Or in other words, use it or lose it funding.

What is cervical cancer?

According to the Centers for Disease Control and Prevention, cancer is a disease in which certain body cells don't function right, divide very fast, and produce too much tissue that forms a tumor.

Cervical cancer is cancer in the cervix, the lower, narrow part of the uterus (womb). The uterus is the hollow, pear-shaped organ where a baby grows during a woman's pregnancy.

There are several risk factors for developing cervical cancer. Some of the factors can be changed and some cannot. The leading risk factor for cervical

cancer is infection with the HPV virus. HPV viruses are transmitted sexually (passed from one person to another by sexual contact) and can infect the cervix.

There are several types of HPV viruses, just like there are many types of viruses that cause the flu every year. However, there is a vaccine available in the OB/GYN clinic of the Naval Hospital that can help to prevent cervical cancer by protecting against some of the different types of HPV viruses.

Another risk factor for cervical cancer is the number of sexual partners a person has had. The more sexual partners a person has had, then the greater the risk of all sexually transmitted diseases, not just HPV.

Other risk factors include:

- * Having a high number of full-term pregnancies (3 or more),
- * Long-term use of oral contraceptives (5 years or more), and
- * Using tobacco.

Receiving regular gynecological exams and Pap tests helps to prevent cervical cancer.

Abnormal changes in the cervix can be found early by the Pap test and treated before cancer develops. Women who do not regularly have Pap tests have an increased risk of cervical cancer and an increased risk of dying from it.

In the US, only 2.5 percent of cancer deaths in women are due to cervical cancer. However, in poor countries where access to routine annual screenings and the cervical cancer vaccine are unavailable, deaths among women due to cervical cancer can total as much as 50 percent of all cancer deaths in women.

Knowing the risk factors for

cervical cancer can help you avoid them. Accessing the wonderful care available to you in the Naval Hospital can not only ensure your health but it helps to increase funding from Navy Medicine.

Remember, the more you use the Naval Hospital services, the

more funding is provided to help the hospital to help you to stay healthy and live longer.

For more information on cervical cancer prevention and screening, visit www.women-health.gov and click on 'health topics' or go to <http://www.cdc.gov/cancer/cer>

vical/.

If you need to schedule your annual Pap test or wish to access the HPV vaccine, call 760-830-2752 and schedule an appointment with your provider.

Avoid Colds: Hand Washing is Nothing to Sneeze At

By Kristin Shives
TRICARE Management Activity

Sneezing, coughing and sore throats can all be signs of an infection. However, there is a great way to help prevent the spread of germs that can cause these symptoms -- wash your hands.

TRICARE wants all beneficiaries to practice the principles of handwashing.

The Centers for Disease Control and Prevention (CDC) report handwashing is the single most effective way to prevent the transmission of disease. Using soap and water is the best method to remove germs on hands. If soap and water aren't

available, another way to reduce germs on hands is to use an alcohol-based hand sanitizer that contains at least 60 percent alcohol. Alcohol-based hand sanitizers can reduce the number of germs, but they don't eliminate all types of germs.

What's the right way to wash hands? The CDC lists the following steps:

- * Wet hands with clean, running (warm or cold) and apply soap
- * Rub hands together to make a lather and scrub them well; scrub the back of hands, between fingers and under nails
- * Continue rubbing hands for at least 20 seconds (About the time it takes to sing the 'ABC song')

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Whooping Cough Vaccine Available

The incidence of Whooping Cough or Pertussis is on the rise in California. One key preventive measure is to be immunized with the Tdap vaccine.

This is a one-time booster for individuals over the age of 7 years.

The Naval Hospital has vaccine available in the Immunization Clinic for children and adults on a walk-in basis Monday through Friday from 9 to 11:30 a.m. and 1 to 4 p.m.

Facts about Peripheral Arterial Disease

By Martha Hunt, MA CAMF
Health Promotions and Wellness
Robert E. Bush Naval Hospital

According to the National Institutes of Health / National Health, Lung and Blood Institute 'Stay in Circulation' program, one in every 20 Americans over the age of 50 has Peripheral Arterial Disease (PAD).

This is a condition that raises the risk for heart attack and stroke.

Peripheral arterial disease, or PAD, develops when your arteries become clogged with plaque - fatty deposits that limit blood flow to your legs. Just like clogged arteries in the heart, clogged arteries in the legs mean you are at risk for having a heart attack or stroke. Plaque buildup in the legs does not always cause symptoms, so many people can have PAD and not know it.

...If you believe you are at risk for PAD, discuss this with your health care provider, find out if you should be tested for PAD and what you can do to lower your risk...

People who do experience symptoms, such as pain or cramping in the legs, often do not report them to their provider believing that they are a natural part of aging or due to another cause. Overall, PAD affects 8 to 12 million people in the United States, especially those over age fifty.

You can lower your risk for this disorder through early detection and treatment. If you are diagnosed with this disease you can improve the quality of your life, keep your independence and mobility longer, and reduce your risk of heart attack, stroke, leg amputation, and death by taking the steps to learn about PAD.

What causes PAD?

The cause of plaque buildup in

the limbs is unknown in most cases but there are some conditions and habits that can raise your chance of developing PAD.

Your risk increases if you:

- * Over the age of 50,
- * Smoke or used to smoke,
- * Have diabetes, high blood pressure, or have high blood cholesterol.

Other risk factors are having a personal history of vascular disease, heart attack, or stroke or are African American (African Americans are more than twice as likely to have PAD as their white counterparts).

What are the signs and symptoms of PAD?

Most people with PAD do not experience symptoms but if there are signs they include: fatigue, heaviness, tiredness,

cramping in the leg muscles (buttocks, thigh, or calf) that occurs during activity such as walking or climbing stairs.

This pain or discomfort goes away once the activity is stopped and during rest. Many people do not report this problem to their health care providers because they think it is a natural part of aging or due to some other cause. Other signs of PAD include pain in the legs and/or feet that disturbs your sleep or sores or wounds on toes, feet, or legs that heal slowly, poorly, or not at all. You may also see color changes in the skin of your feet, including paleness or blueness, temperature differences between one leg compared to the other leg and finally, poor nail growth and decreased hair growth on your toes and legs.

If you believe you are at risk for PAD, discuss this with your health care provider, find out if you should be tested for PAD and what you can do to lower your risk.

What can you do to reduce your risk of PAD or if you have it, reduce the damage from it?

If you have PAD or are aiming to prevent it, your health care

provider may prescribe one or more of the following: Quit smoking. Don't smoke, and if you do, quit. Talk to your health care provider or call Health Promotion and Wellness at 760-830-2814 for more information on quitting tobacco.

Lower your numbers. Work with your health care provider to correct any high blood pressure, cholesterol, and blood sugar levels. Follow a healthy eating plan by choosing foods that are low in saturated fat, trans fat, and cholesterol and higher in whole grains, vegetables, and fruits. Ask your health care provider for a referral to the hospital's Registered Dietitian if you need help with your diet. Get moving. Make a commitment to be more physically active by aiming for 30 minutes of moderate-intensity activity on most, preferably all, days of the week. Aim for a healthy weight. If you are overweight work with your health care provider and the registered dietitian to develop a supervised weight loss plan.

For more information, go to 'Stay in Circulation: Take Steps to Learn about PAD.' This is a national awareness campaign to increase awareness about peripheral arterial disease (PAD) and its association with other cardiovascular diseases. This web page can be found at www.nhlbi.nih.gov/health/public/heart/pad.

You know where you want to go.

Sailor Career Toolbox

The tools you need to get there.

<http://www.npc.navy.mil/CareerInfo/CareerToolbox/>



Super Stars...



Captain Charles and Commander Ramona Nixon opted to share the spotlight in their dual retirement ceremony at the Naval Hospital Twentynine Palms. They were piped ashore together.



HM2 Alex Averill, of Staff Education and Training was frocked to his current rank.



HM3 Mark Boddy, Multi-Service Ward was frocked to his current rank.



HM3 Randal Ewing, Main Operating Room has been frocked to his current rank.



HM1 Seth Bryan, formerly of the Robert E. Bush Naval Hospital was frocked to his current rank.



HM3 Duc, assigned to a unit at the Marine Corps Combat Center was frocked to his current rank.



HM1 Sydney Reyes is presented with the National Ensign following the flag ceremony at his recent retirement ceremony.



HMCS Jose Casten, Senior Enlisted Leader for the Public Health Department is piped ashore at his retirement ceremony at the Robert E. Bush Naval Hospital.



HM3 Arvin Padilla, of the Gold Team is frocked to his current rank.



Hospitalman Brody Gavin, Adult Medical Care Clinic, receives special recognition and a command coin from Captain Ann Bobeck at the clinic's appreciation luncheon.



HM2 Hong Patterson, Public Health Dept., receives a Navy and Marine Corps Achievement Medal.



HM2 Marcus Poole, Operation Management Dept., is frocked to his current rank.



Jose Busto, Patient Administration Dept., receives a Federal Length of Service Award.



HMC Robert Alback, former member of the Robert E. Bush Naval Hospital staff chose to have his retirement ceremony at the Naval Hospital. Here he is piped ashore by his fellow shipmates representing both the Navy and Marine Corps.



Lt.j.g. April Pratt, Department Head for the Operating Management Dept., receives a Navy and Marine Corps Commendation Medal.



Captain Ann Bobeck, Commanding Officer Naval Hospital Twentynine Palms, left, presents Lovilla Davis, Operations Management Dept. with a Federal Length of Service Award.

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Reducing Suicides a Top Priority in DoD

By Karen Parrish
American Forces Press Service

WASHINGTON, Dec. 12, 2011 - Military leaders are committed to reducing suicides in the ranks, Marine Corps Sgt. Maj. Bryan B. Battaglia, the Defense Department's top enlisted leader, said here Dec. 9.

Battaglia, senior enlisted advisor to Army Gen. Martin E. Dempsey, chairman of the Joint Chiefs of Staff, spoke with Pentagon Channel and American Forces Press Service reporters after the recent release of a report on military suicides by the Center for a New American Security.

The report concludes that suicide among service members and veterans challenges the health of America's all-volunteer force. From 2005 to 2010, service members took their own lives at a rate of about one every 36 hours, according to the report. It also states that while only 1 percent of Americans have served during the wars in Iraq and Afghanistan, former service members represent 20 percent of suicides in the United States. The Department of Veterans Affairs estimates 18 veterans die by suicide each day.

"Whether it be [a suicide] every 80 minutes or one every 80 weeks, one is obviously one too many," Battaglia said. "I'm committed to continuing and exhausting all efforts in order to

reduce suicide across the entire total force."

Military leaders in all the services are committed to reducing suicides, Battaglia said.

"With regards to education, engagement, intervention -- when a service member is feeling down or even possibly falling down, [leaders] need to engage, and they are," Battaglia noted. "When a service member or family member is struggling, they need to intervene. And they are. Suicide is a total-force issue, and we're going to continue to work hard in order to make it a total-force solution."

Since 2000, the military has implemented several initiatives designed to identify those service members at risk for suicide, the sergeant major said.

"We enabled some ... tracking methods, to help us better understand suicide; we built some resiliency programs into our system," he said. "Total Force Fitness, for example, is a program that provides families an enriched factor of resiliency [and] builds toughness."

Total Force Fitness, a series of best practices to help families build resilience, has gained momentum over the past few years and "has, will and can" help service members, veterans and families to build resilience, Battaglia said.

The sergeant major said commanders and front-line leaders up and down the chain of command must continue to educate and engage service members

and family members struggling with weighty personal challenges.

"It's important for that individual service member to know that there's no problem so serious ... that someone has to decide to take [their] life," Battaglia said. "We can help solve the problem together."

Convincing someone suffering from suicidal thoughts to seek help is "a big step," he acknowledged, both within the military and across society as a whole.

"We have some of the best mental health providers and doctors that the country has to offer," he added. "They work around-the-clock in providing care and compassion [and] treatment for service members and families."

Leaders can help people gain the courage to take the first step toward seeking help, Battaglia noted.

"A lot of responsibility lies on the commander for establishing and maintaining a [positive command] climate, [but] all of that commander's subordinate leaders share a similar responsibility ... all in support of the mission and welfare of that organization," he said.

Battaglia said one important point he wants to share with service members who are struggling with personal issues is that help always is "a fingertip away" -- pushing the buttons on a phone or knocking on a door can be the first step to a better life.

"All of our troops know this --

we care," he said. "Our men and women have chosen to do what 99 percent of their societal peer group chose not to -- and that's to serve in uniform as valued members of our armed forces."

DOD and the VA are also working to reach the veteran population to help those at risk, Battaglia said, while the growing number of American companies seeking to hire veterans can help former service members find stability.

"Sooner or later we're all going to leave uniform," he said. "Employment and a good source of income certainly are firm ways to establish a solid lifestyle."

Veterans are still part of the total force, and "help for them, again, is only a fingertip away,"

TRICARE Prime Option For Young Adults

Brian P. Smith
TriWest Healthcare Alliance

Military families have a new TRICARE Prime option for young adults without healthcare coverage.

TRICARE Young Adult Prime gives eligible family members TRICARE Prime medical (and pharmacy) coverage with low out-of-pocket costs for a \$201 monthly premium.

Military family members who are not married, who have "aged

out" of other TRICARE eligibility (up to age 26) and who have a TRICARE-eligible sponsor are eligible to purchase TRICARE Young Adult (TYA) coverage. TYA enrollees can now choose either TYA Standard or TYA Prime coverage, based on eligibility. The choice will determine your monthly premium, out-of-pocket costs and how you access care. Each TYA program allows access to the TRICARE pharmacy benefit.

TYA Standard enrollment is available now. Enrollment applications for TYA Prime are being accepted and coverage will

begin on January 1, 2012. Complete information, along with the application form, is available at TriWest.com/TYA.

TYA Prime Features:

- * Little to no out-of-pocket costs for care
- * \$201 monthly premium for 2012
- * Sponsor must be eligible for TRICARE Prime (or TRICARE Prime Remote)
- * Coverage is available in those Prime Service Areas where TRICARE Prime is available
- * Open enrollment, but cover-

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Young Adults...

Continued from page 6

age start date depends on when the application is received

* Access care from a primary care manager, TRICARE network providers and at military hospitals

* Referrals needed for most specialty care

TYA Standard Features:

* Annual deductible and cost-

shares

* \$176 monthly premium for 2012

* Sponsor must be eligible for TRICARE (and enrolled in TRICARE Reserve Select or TRICARE Retired Reserve if eligible)

* Continuous and open enrollment

* Access care from any TRICARE-authorized provider

* No referrals needed

Premium Payments

Enrolling into TRICARE

Young Adult requires setting up automatic recurring payments for monthly premiums. You can set up payments through either credit or debit card or through a monthly electronic funds transfer from a bank account.

Premiums can change each year on January 1.

Avoid Colds...

Continued from page 2

* Rinse hands well under running water

Dry hands using a clean towel or air dry them

CDC has partnered with Henry the Hand, an organization that teaches children how to prevent the spread of infection. It teaches that the most common way for people to get infected by germs that cause sickness is by putting dirty fingers in the eye, nose or mouth. Henry the Hand wants everyone to stay healthy by following its four principles of hand awareness:

* Wash hands when they are dirty and before eating

- * Don't cough into hands
- * Don't sneeze into hands
- * Don't put fingers into eyes, nose or mouth

Handwashing should always be done before preparing and eating food, before and after treating a cut or wound, and after using the bathroom, changing diapers, touching garbage, petting an animal and blowing your nose, coughing or sneezing. Keeping hands clean is a good way to avoid getting sick and spreading germs to others.

Beneficiaries who want to learn more on the how-to of handwashing can visit www.cdc.gov/handwashing. Henry the Hand offers kid-

friendly material for handwashing just go to www.henrythehand.com. Remember prevention is the key, stay up-to-date with healthy living tips at www.tricare.mil/healthyliving.

Sign up for TRICARE e-mail updates at www.tricare.mil/subscriptions.

Connect with TRICARE on Facebook and Twitter at www.facebook.com/tricare and www.twitter.com/tricare.

The TRICARE Management Activity administers the worldwide health care plan for 9.7 million eligible beneficiaries of the uniformed services, retirees and their families.

Going Green...

Continued from page 1

Management Department staff, the OR implemented the use of reusable surgical gowns, towels, basins, and various drapes from SRI Surgical in combination with smaller, more efficient surgical packs from Cardinal Health.

The new items that were substituted will help the command reduce surgical waste generation by approximately 13,000 pounds per year at no additional cost.

The process was not as easy as first envisioned. Since Naval Hospital Twentynine Palms is the first Department of Defense (DoD) facility in the country to fully implement the use of hybrid packs, there were several hurdles to overcome.

SRI did not have a Distribution and Pricing Agreement (DAPA) in place, so they utilized their partnership with Cardinal Health to add reusable items to Cardinal's DAPA.

In addition, the typical three year contract obligation that SRI utilizes was modified in order to satisfy the requirements of the DoD.

After finalizing the custom pack modifications, determining the delivery and pickup schedule, updating the Defense Medical Logistics Standard Support (DMLSS) supply ordering system, and training staff on proper care and use, the new "green" items were finally used in surgery.

The Army and Air Force are also looking into implementing this program at some of their facil-

ties. Their conversions should be smoother thanks to lessons learned between Twentynine Palms, SRI, and Cardinal Health.

Ensign Jenna DiMaggio of the Maternal Infant Nursing Department is currently exploring the potential use of SRI's reusable items for their patients as well. Single pull items are also being implemented to minimize the use of disposable gowns and accessories when items that exceed the pack contents are required.

Other initiatives that have been implemented in the Operating Room over the past year include the installation of LED surgical lights in all OR rooms that reduce energy demand by 40 percent, a new instrument washer that is expected to reduce water consumption by 100,000 gallons per year, the utilization of reprocessed devices from Stryker (Ascent) expected to generate savings in excess of \$30,000 dollars, and filterless instrument sterilization containers that reduce waste generation and provide increased infection control measures.

By embracing new ideas, researching innovations, and implementing various process improvement initiatives, the Operating Room staff has exemplified environmental awareness and best business practices within the workplace.

They have found ways to reuse surgical items, reduce unnecessary waste, and upgrade equipment, all with the purpose to be more environmentally conscious and to contain costs within Navy Medicine, while still providing the best possible care for patients.

Seasonal Flu Shots at Hospital Clinics

Flu shots and the flu mist are available Monday, Tuesday and Wednesday from 8 to 11:30 a.m. and 1 to 3:30 p.m. and Thursdays from 9 to 11:30 a.m. and 1 to 3:30 p.m.

All beneficiaries eligible for care at the Naval Hospital are invited to come by and receive their immunization.

Super Stars...

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Lieutenant William 'Bill' Lawson, Health Care Operations Dept., takes the oath at his recent promotion ceremony to his current rank.



Leon Garner, Fiscal Department, receives a Federal Length of Service Award.



Captain Ann Bobeck, presents a Navy and Marine Corps Commendation Medal to Commander Paula Sexton, a Nurse Practitioner is the Family Medicine Clinic.



HM2 Steven Eleter, a Corpsman on the Multi-Service takes the oath at his reenlistment ceremony at the Naval Hospital.



Victor Medina Operational Management Dept., receives a Federal Length of Service Award.



HM2 William Roots, Main Operating Room, is frocked to his current rank.



HM3 Daniel Wagner, Family Medicine Clinic, recently took the oath of reenlistment.